


Entered - 1-28-00 - sb
CL 00L0045 - ALEXIS HOLMES

01- *R* -1618

CLAIM OF: **MARK M. PARTLOW**
326 Haymarket Lane
Lawrenceville, Georgia 30045

For damages alleged to have been sustained as a result of vehicular damage due to a rock falling from a construction truck on January 11, 2000 at I-85 between exits 98 and 100.

THIS ADVERSE REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0045

Date: 9/19/01

Claimant /Victim MARK M. PARTLOW

BY: (Atty) _____

Address: 326 Haymarket Lane Lawrenceville, Georgia 30045

Subrogation: _____ Claim for Property damage \$ 269.95 Bodily Injury \$ _____

Date of Notice: 1/20/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 1/11/00 Place: Northbound I-85 between Exits 98 and 100

Department Public Works Division: Street Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that the windshield on his vehicle was broken when a rock fell from a white and yellow-gold City construction truck and struck same causing damages in the above amount. In an investigation it was determined that the City does not own any white and yellow-gold service trucks.

INVESTIGATION:

Statements: City employee X Claimant X Other _____ Written _____ Oral X

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 09-21-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 1/18/00

01-20-00A04:55 RCVD

Dear Municipal Clerk:

ENTERED - 1-28-00 - SB
00L0045 - MIKE REEVES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 269.95 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 01/11/00 (month/day/year) 2. Time of Incident: 11:30am 3. Police called: Yes ☒ No
4. Location of incident (including street address): (Northbound) Highway I-85 Between Exits 98 & 100 (Spring & W. Ponce de Leon Ave)
5. Name of your insurance company: Acceptance Insurance Policy No. UHGA 236
6. State what and how incident occurred: I was traveling in the left lane when a city of Atlanta Truck / Fulton Co. truck went by me on the right of me spraying pebble-like debris. The pebble struck my windshield and caused a large crack on the entire windshield. The truck turned off at the next exit before I could catch it.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: 92 Ford Aerostar 354 PLG Mark Partlow
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: Construction Truck (White & Yellow-601d) City of Atlanta
(Make) (City/Driver's Name) (Department/Bureau)
9. Witness: None Available
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

[Signature]
Signature of Claimant

Mark M. Partlow

(Print Claimant's Name)

326 Haymarket Lane

(Address)

Lawrenceville, GA 30045

(City, State and Zip Code)

770 353-9144

(Work Number)

770 339-9204

(Home Number)

01-R-1618

7/237-2442